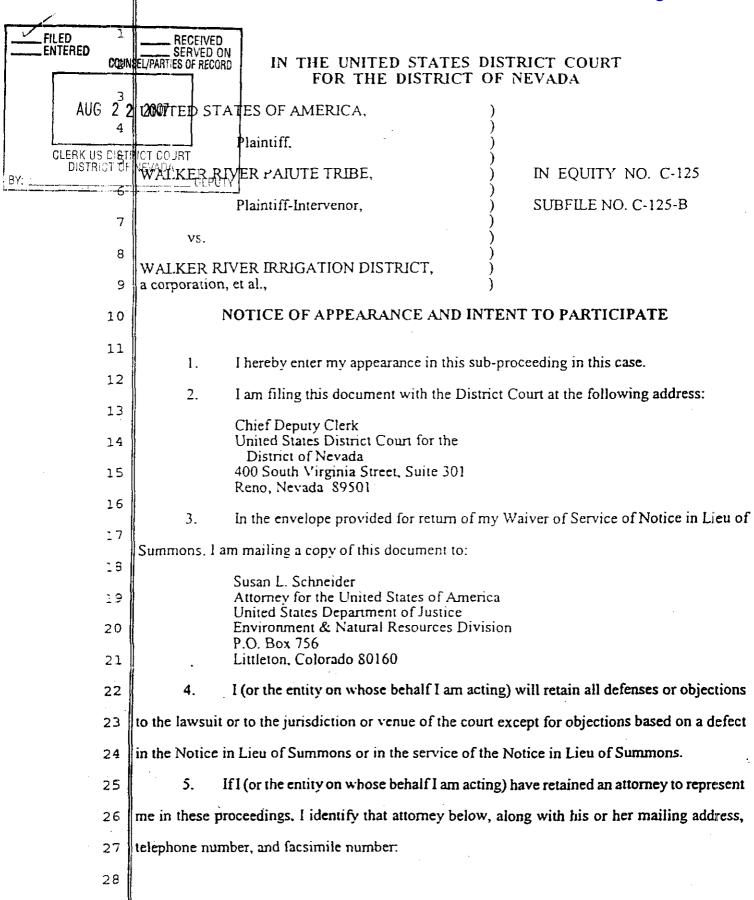
## Case 3:73-@v-00127-RCJ-WGC Document 1224 Filed 08/22/07 Page 1 of 2



## Case 3:73-cv-00127-RCJ-WGC Document 1224 Filed 08/22/07 Page 2 of 2

| 1   | Attorney:     |  |
|-----|---------------|--|
| 2   |               |  |
| 3   | Address:      |  |
| 4   |               |  |
| 5   |               |  |
| 6   | Phone Number: |  |
| 7   | Fax Number:   | 10 1.  |
| 8   |               | wellen MI Cox  |
| 9   |               | (Signature)  |
| 10  |               | . 14: 66 6   |
| 11  |               | William M. Lox   |
| 12  |               | (Printed or typed Name)  |
| 13  |               |  |
| 14  |               | /B : : :   |
| 15  |               | (Entity, if any, on whose behalf you are appearing)  |
| 16  |               | 2721 Center Rd.  |
| 17  |               | Novato, Co 94947   |
| 18  |               | (Address)<br>415-593-9305  |
| 19  |               | (Telephone number)   |
| 20  |               |  |
| 21. | in which is   | Company to the second of the s |
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